

NOVEMBER 2005

MONTHLY TOBACCO CESSATION LOG

Name: _____ Team: _____

Instructions: The goal is to decrease your tobacco consumption, change your habits, and work with group or individual support programs. Below are some suggestions for helping to cut back or taper your tobacco use:

Drink lots of water	Chew sugarless gum	Snack on fruit & veggies
Deep breathing exercises	Take up a new hobby	Do a puzzle
Write a letter	Send an email	Call your support system
Distract yourself with exercise	Do the dishes	Clean the kitchen
Brush your teeth	Go for a walk	Garden, vacuum, clean

**PUT AN 'X' IN THE BOX BELOW FOR EVERY DAY YOU'RE
CHANGING YOUR TOBACCO HABIT & INDICATE NUMBER OF CIGARETTES SMOKED/DAY**

NOVEMBER 2005

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Turn in to the Coconino County Health Department Tobacco Use Prevention Project by: **December 5**

TOTAL DAYS FOR NOV.= _____

Please send to: Coconino County Health Dept., 2625 N. King St., Flagstaff, AZ 86004
phone: 522-7882 fax: 522-7186

CHECK YOUR PROGRESS! HANG IN THERE! THINGS ARE A-CHANGING!

DECEMBER 2005

MONTHLY TOBACCO CESSATION LOG

Name: _____ Team: _____

Instructions: The goal is to decrease your tobacco consumption, change your habits, and work with group or telephone support programs. Below are some suggestions for helping to cut back or taper your tobacco use:

Drink lots of water	Chew sugarless gum	Snack on fruit & veggies
Deep breathing exercises	Take up a new hobby	Do a puzzle
Write a letter	Send an email	Call your support system
Distract yourself with exercise	Do the dishes	Clean the kitchen
Brush your teeth	Go for a walk	Garden, vacuum, clean

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CHANGING YOUR TOBACCO HABIT & INDICATE NUMBER OF CIGARETTES SMOKED/DAY**

DECEMBER 2005

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Turn in to the Coconino County Health Department Tobacco Use Prevention Project by: **January 11**

TOTAL DAYS FOR DEC.= _____

Please send to: Coconino County Health Dept. 2625 N. King St. Flagstaff, AZ 86004
phone: 522-7882 fax: 522-7186

YOU'RE HALF WAY THERE! YOU CAN DO IT! KEEP CUTTING BACK!

JANUARY 2006

MONTHLY TOBACCO CESSATION LOG

Name: _____ Team: _____

Instructions: The goal is to decrease your tobacco consumption, change your habits, and work with group or telephone support programs. Below are some suggestions for helping to cut back or taper your tobacco use:

Drink lots of water	Chew sugarless gum	Snack on fruit & veggies
Deep breathing exercises	Take up a new hobby	Do a puzzle
Write a letter	Send an email	Call your support system
Distract yourself with exercise	Do the dishes	Clean the kitchen
Brush your teeth	Go for a walk	Garden, vacuum, clean

**PUT AN 'X' IN THE BOX BELOW FOR EVERY DAY YOU'RE
CHANGING YOUR TOBACCO HABIT & INDICATE NUMBER OF CIGARETTES SMOKED/DAY**

JANUARY 2006

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Turn in to the Coconino County Health Department Tobacco Use Prevention Project by: **February 6**

TOTAL DAYS FOR JAN.= _____

Please send to: Coconino County Health Dept., 2625 N. King St., Flagstaff, AZ 86004
phone: 522-7882 fax: 522-7186

**ARE YOU READY FOR THE NEXT MONTH?
YOU SHOULD BE – LOOK AT ALL THE PREP WORK YOU HAVE DONE!**

FEBRUARY 2006

MONTHLY TOBACCO CESSATION ACTIVITY LOG

(THE MONTH OF TOTAL FREEDOM!)

Name: _____ Team: _____

Instructions: The goal is to be completely tobacco free and attend a cessation group or use the AZ Smoker's Helpline for the entire month. Below are some suggestions for helping to stay quit:

Drink lots of water	Chew sugarless gum	Snack on fruit & veggies
Deep breathing exercises	Take up a new hobby	Do a puzzle
Write a letter	Send an email	Call your support system
Distract yourself with exercise	Do the dishes	Clean the kitchen
Brush your teeth	Go for a walk	Garden, vacuum, clean

**PUT AN 'X' IN THE BOX BELOW FOR EVERY DAY YOU'RE
CHANGING YOUR TOBACCO HABIT & INDICATE NUMBER OF DAYS YOU ARE
TOBACCO-FREE**

FEBRUARY 2006

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

DID YOU COMPLETE THE MONTH OF FEBRUARY TOBACCO-FREE? Yes _____ No _____

Turn in to the Coconino County Health Department Tobacco Use Prevention Project by: **March 6**

TOTAL DAYS FOR FEB.= _____

Please send to: Coconino County Health Dept., 2625 N. King St., Flagstaff, AZ 86004
phone: 522-7882 fax: 522-7186

**YOU DID IT! KEEP YOUR FINGERS CROSSED - YOU MAY BE PICKED AS A PRIZE WINNER!
CONGRATULATIONS!!! HERE'S TO A HEALTHIER YOU!!**